

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

Firm ID 11-2671938
Pres. Date: 12/14/15 9:30 a.m.

-----X

In Re:

Chapter 11

Carman Avenue Development Corp.,

Case No.: 14-75672-AST

Debtor.

-----X

NOTICE OF PRESENTMENT OF OBJECTION TO CLAIM

SIR/MADAM:

PLEASE TAKE NOTICE that an order will be presented for signature before the Honorable Alan S. Trust, United States Bankruptcy Judge, in his courtroom 960, United States Bankruptcy Court, Long Island Federal Courthouse, 290 Federal Plaza, Central Islip, New York 11722, on **December 14, 2015 @ 9:30 a.m.** The proposed order will seek an order disallowing claims as specifically set forth in the application annexed and in compliance with Bankruptcy Rule 3007, together with such other and further relief as this court deems just and proper.

PLEASE TAKE FURTHER NOTICE that objections, if any, to the proposed Order must be in writing and filed with the Clerk of the Court, United States Bankruptcy Court, Eastern District of New York, 290 Federal Plaza, Central Islip, New York, 11722, (a)(i) through the Bankruptcy Court's electronic filing system (in accordance with General Order M-242), which may be accessed (with a password which is available by contacting the Bankruptcy Court's technical assistance at 631-712-6200, Monday through Friday, 8:30 a.m. to 5:00 p.m.) through the Internet at the Bankruptcy Court's website: www.nyeb.uscourts.gov using Netscape Navigator software version 3.0 or higher, and (ii) in portable document format (PDF) using Adobe Exchange software for conversion; or (b) if a party is unable to file electronically, such party shall submit the objection in PDF format on a diskette in an envelope with the case name, case number, type and title of document, document number of the document to which the

objection refers, and the file name on the outside of the envelope; or (c) if a party is unable to file electronically or use PDF format, such party shall submit the objection on a diskette in either Word, WordPerfect, or DOS text (ASC II) format. An objection filed by a party with no legal representation shall comply with section (b) or (c) as set forth in this paragraph. A hard copy of the objection, whether filed pursuant to section (a), (b), or (c), as set forth in this paragraph, shall be hand-delivered directly to the Chambers of the Honorable Alan S. Trust, and served so as to be received by Macco & Stern, LLP., 135 Pinelawn Road, Suite 120S, Melville, New York 11747, Attn: Cooper J. Macco, Esq. no later than **December 11, 2015 at 4:00 p.m.**

PLEASE TAKE FURTHER NOTICE that if no objections are received the Court may enter an order granting the relief sought without further notice or hearing. In the event that objections are timely received by the Court, the Court will schedule a hearing to consider the objections at a date and time to be determined by the Court.

PLEASE TAKE FURTHER NOTICE that in the event that timely objections are filed the Court shall conduct a hearing on a date to be determined by the Court.

Dated: Melville, New York
November 9, 2015

MACCO & STERN, LLP.
Attorneys for the Debtors

By: /s/ Michael J. Macco
MICHAEL J. MACCO
135 Pinelawn Road, Suite 120S
Melville, NY 11747
(631) 549-7900

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

----- X
In re:

Case No. 14-75672 (AST)

Carman Avenue Development Corp.,

Chapter 11

Debtor
----- X

DEBTOR'S OBJECTION TO ALLOWANCE OF CLAIM

Carman Avenue Development Corp. (the "Debtor"), the above-referenced debtor and debtor-in-possession, by and through its counsel, Macco & Stern, LLP, hereby moves the Court for an order disallowing the proof of claim assigned claim number 8 (the "Claim") filed by Sudheer Kumar (the "Claimant"), and respectfully sets forth as follows:

BACKGROUND

1. The Court has jurisdiction to consider this motion under 28 U.S.C. §§157 and 1334. This is a core proceeding under 28 U.S.C. §157(b). Venue is proper pursuant to 28 U.S.C. §§1408 and 1409. The statutory predicates for relief are §502 of title 11 of the United States Code (the "Bankruptcy Code"), Rule 3007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules"), and Rule 3007.1 of the Local Bankruptcy Rules for the Eastern District of New York (the "Local Rules").

BACKGROUND

2. On December 24, 2014 (the "Petition Date"), the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code").

3. On February 10, 2015, Claimant filed the Claim in the unsecured priority amount of \$3,221.04 (the "Claim Amount"). A copy of the Claim is annexed hereto as **Exhibit A**.

4. The Debtor has continued to operate its business as a debtor-in-possession under Bankruptcy Code §§1107 and 1108. To date, the Office of the United States Trustee (the “UST”) has not appointed a chapter 11 trustee or official committee of unsecured creditors.

OBJECTION

5. Pursuant to Bankruptcy Code §502(b):

[I]f . . . an objection to a claim is made, the court, after notice and a hearing, shall determine the amount of such claim . . . as of the date of the filing of the petition, and shall allow such claim in such amount, except to the extent that –

(5) Such claim is unenforceable against the debtor and property of the debtor under any agreement or applicable law for a reason other than such claim is contingent or unliquidated . . .

6. Additionally, pursuant to Bankruptcy Rule 3007(a), “[a]n objection to the allowance of a claim shall be in writing and filed. A copy of the objection with notice of the hearing thereon shall be mailed or otherwise delivered to the claimant . . . at least 30 days prior to the hearing.”

7. Prior to the Petition Date, Claimant worked as a manager of the Debtor.

8. During that time, the Claimant took property of the Debtor without the Debtor’s knowledge or permission.

9. Moreover, Claimant was responsible for delivering checks to employees of the Debtor.

10. Unbeknownst to the Debtor or Debtor’s principal, Claimant was also renting apartments to certain employees of the Debtor.

11. Upon information and belief, the Claimant would have employees endorse their paychecks over the Claimant, cash them, and keep all of the money as rental payments.

12. Due to the misappropriation of funds by the Claimant, other employees have put in improper proofs of claims against the Debtor.

13. Debtor paid Claimant all pre-Petition Date amounts owed.

14. Debtor objects to the Claim on the grounds that the Debtor's books and records do not show the Claimant being owed any amounts for pre-Petition Date work.

15. Accordingly, the Debtor believes the Claim should be disallowed in its entirety.

16. No previous application for the relief requested herein has been made to this or any other Court.

WHEREFORE, the Debtors respectfully request the Court enter an order disallowing the Claim and granting such further and different relief as the Court deems just and proper.

Dated: October __, 2015
Melville, NY

MACCO & STERN, LLP
Attorneys for the Debtors

By: _____

Michael J. Macco
A Member of the Firm
135 Pinelawn Road, Suite 120 South
Melville, New York 11747
(631) 549-7900

EXHIBIT A

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT <u>Eastern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM 2015 FEB 10 AM 12 U.S. BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK
Name of Debtor: <u>CARMAN DEVELOPMENT CORP.</u> <u>C/O - MARKET ST.</u> <u>701, MONTAUK HWY, BROOKLYN, NY 11206</u>		Case Number: <u>8-14-75672(AST)</u>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>SUDHEER KUMAR</u>		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: <u>SUDHEER KUMAR</u> <u>60, PRINCE LANE WESTBURY NY 11580</u>		
Telephone number: <u>516-8520276</u>	email: <u>sudheer.k.reem@gmail.com</u>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above): <u>(AS-ABOVE)</u>		
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)().
		Amount entitled to priority: \$ <u>3221.04</u>

*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

B10 (Official Form 10) (04/13)

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name:

Title:

Company:

Address and telephone number (if different from notice address above):

Telephone number:

email:

(Signature)

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Charmen B.P.

Mr. Anup.

- 1) NOV:- 15 to 21 = ^{Hrs} 23 = ^{Amount} 146
- 2) NOV- 22 to 28 \Rightarrow 39 \Rightarrow 248
- 3) NOV-29 to 5 Dec = 63 \Rightarrow 440
- 4) Dec-8 to 12 Dec = 38 \Rightarrow 241
- 6) Dec-13 to 19 Dec \Rightarrow 48 \Rightarrow 336
- 7) Dec 20 to 26 Dec = 49 \Rightarrow 343

\$ 1754 =

Paid to Mr. Anup \$ 1754 Salary
By Mr. Sudheer As a loan. When
I get my check I, will Reemit.

Sudheer Anup
02/30/2015

MARKETING INC

S.NO	EMPLOYEE NAME	AMOUNT	W/E	CK#	CK DATE
1	CARMGN				
①	THOMAS.	626.58	Sep-13-10/19	0050086	OCT-17-2014.
②	THOMAS:	254.81	Sep-6-10/12	0050083	OCT-10-2014
③	THOMAS	248.56	Sep-20-16	0050089	OCT-24-2014.
①	HARDIP Singh.	\$ 336.03	Nov-8-10/11	0050102	Dec-16-2014.
		<u>\$ 1467.04.</u>			
* Money Paid By brother.					

0001		HARDIP SINGH		CARMAN DEVELOPMENT CORP. 865 CARMAN AVE WESTBURY, NY 11590 (631)206-1000	
0007	0100	006290	XXX-XX-6290		
NOV 8, 2014	NOV 14, 2014	DEC 16, 2014	M 02		

EARNINGS		TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	40.00	8.0000	320.00	FICA	23.58	GROSS	18244.96
O/TIME	5.02	12.0000	60.24	MEDFICA	5.51	FICA	1131.19
				FED WTH	6.58	MEDFICA	264.55
				NY DIS.	7.88	FED WTH	670.54
					0.60	STATE	499.18
						DISAB	26.52
Total	45.02	\$	380.24	Total \$	44.15	Total \$	0.00
						Check Number	0050102
						Pay To Order	*****336.09

DO NOT ACCEPT THIS CHECK WITHOUT CONFIRMING PRESENCE OF ARTIFICIAL WATERMARK ON BACK. OTHER SECURITY FEATURES ARE LISTED ON BACK.

CARMAN DEVELOPMENT CORP.
865 CARMAN AVE
WESTBURY, NY 11590

NEW YORK COMMERCIAL BANK
BROADHOLLOW RD
MELVILLE, NY

50-1211
214

CHECK DATE
DEC 16, 2014

CHECK NO.
0050102

PAY THREE HUNDRED THIRTY SIX AND 09/100 DOLLARS

TO THE
ORDER OF:

0100 0001
HARDIP SINGH
39 ALPINE LANE
HICKVILLE, NY 11801

PAY THIS AMOUNT
*****336.09

AUTHORIZED SIGNATURE

⑈050102⑈ ⑆0211211⑆ ⑈0130028091⑈

0002 PALLIADAKKETHIL THOMAS 865 CARMAN AVE WESTBURY, NY 11590 (631)206-1000		0007 0100 SEP 26, 2014 OCT 24, 2014		XXX-XX-9737 PAY \$ 00 ST \$ 00	
EARNINGS		TAXES		DEDUCTIONS	
DESCRIPTION	REGULAR	HOURS	39.10	RATE	8.0000
AMOUNT	312.80	FICA	19.40	MEDFICA	4.54
		FED WITH	31.70	NY	7.00
		NY DIS.	0.60		
Total		\$	312.80	Total \$	63.24
				Total \$	0.00
				Total \$	249.56

DO NOT ACCEPT THIS CHECK WITHOUT CONFIRMING PRESENCE OF ARTIFICIAL WATERMARK ON BACK. OTHER SECURITY FEATURES ARE LISTED ON BACK.

CARMAN DEVELOPMENT CORP.
 865 CARMAN AVE
 WESTBURY, NY 11590

NEW YORK COMMERCIAL BANK
 BROADHOLLOW RD
 MELVILLE, NY

50-1211
 214

PAY TWO HUNDRED FORTY NINE AND 56/100 DOLLARS
TO THE
ORDER OF:

0100 0002
 PALLIADAKKETHIL THOMAS
 4 WILD WOOD RD
 HICKSVILLE, NY 11801

CHECK DATE
 OCT 24, 2014

CHECK NO.
 0050089

PAY THIS AMOUNT
 *****249.56

[Signature]

AUTHORIZED SIGNATURE

⑈050089⑈ ⑈024412114⑈ ⑈0130028091⑈

0002		PALLIADAKKETHIL THOMAS		CARMAN DEVELOPMENT CORP. 865 CARMAN AVE WESTBURY, NY 11590 (631)206-1000	
4007	0100	009737	XXX-XX-9737		
SEP 6, 2014	SEP 12, 2014	OCT 10, 2014	PER \$ 00		

EARNINGS		TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	40.00	8.0000	320.00	FICA	19.84	GROSS	18339.18
				MEDFICA	4.64	FICA	1137.03
				FED WITH NY	32.78	MEDFICA	265.92
				NY DIS.	7.33	FED WITH STATE	2268.71
					0.60	DISAB	674.38
							21.20
Total	40.00	\$	320.00	Total \$	65.19	Total \$	0.00
				Check Number	0050083	Net Pay Amount	*****254.81

DO NOT ACCEPT THIS CHECK WITHOUT CONFIRMING PRESENCE OF ARTIFICIAL WATERMARK ON BACK. OTHER SECURITY FEATURES ARE LISTED ON BACK.

CARMAN DEVELOPMENT CORP.
865 CARMAN AVE
WESTBURY, NY 11590

NEW YORK COMMERCIAL BANK
BROADHOLLOW RD
MELVILLE, NY

50-1211
214

CHECK DATE
OCT 10, 2014

CHECK NO.
0050083

PAY TWO HUNDRED FIFTY FOUR AND 81/100 DOLLARS
TO THE
ORDER OF:

0100 0002
PALLIADAKKETHIL THOMAS
4 WILD WOOD RD
HICKSVILLE, NY 11801

PAY THIS AMOUNT
*****254.81



AUTHORIZED SIGNATURE

⑈050083⑈ ⑈021412114⑈ ⑈0130028091⑈

EMPLOYEE INFORMATION Employee Name: PALLIADAKKETHIL THOMAS Social Security Number: 009737 Date of Birth: 0100 Period Ending: SEP 19, 2014 Check Date: OCT 17, 2014		EMPLOYER INFORMATION Company Name & Address: CARMAN DEVELOPMENT CORP. 865 CARMAN AVE WESTBURY, NY 11590 (631)206-1000	
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EARNINGS		DEDUCTIONS		TAXES		YEAR TO DATE	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	40.00	FICA	53.07	GROSS	19195.22		
O/TIME	44.67	MEDFICA	12.41	FICA	1190.10		
		FED WITH	123.51	MEDFICA	278.33		
		NY	39.87	FED WITH	2392.22		
		NY DIS.	0.60	STATE	714.25		
				DISAB	21.80		
Total	84.67	Total	229.46	Total	0.00	Total	626.58

DO NOT ACCEPT THIS CHECK without confirming presence of Artificial Watermark on back. Other security features are listed on back.

CARMAN DEVELOPMENT CORP.
865 CARMAN AVE
WESTBURY, NY 11590

NEW YORK COMMERCIAL BANK
 BROADHOLLOW RD
 MELVILLE, NY

50-1211
 214

PAY SIX HUNDRED TWENTY SIX AND 58/100 DOLLARS
TO THE
ORDER OF:

0100 0002
PALLIADAKKETHIL THOMAS
4 WILD WOOD RD
HICKSVILLE, NY 11801

CHECK DATE **OCT 17, 2014**
CHECK NO. **0050086**

PAY THIS AMOUNT
 *****626.58

AUTHORIZED SIGNATURE

⑈050086⑈ ⑆021412114⑆ ⑆0130028091⑈

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X
In re:

Case No. 14-75672 (AST)

Carman Avenue Development Corp.,

Chapter 11

Debtor
-----X

AFFIDAVIT OF SERVICE


STATE OF NEW YORK)
COUNTY OF SUFFOLK)s:-

Carol Smith, being duly sworn deposes that deponent is not a party to the above-captioned action, is over the age of 18 years and resides at West Islip, New York.

On November 9, 2015 deponent served the within DEBTOR'S OBJECTION TO ALLOWANCE OF CLAIM upon the following parties, at the addresses designated by said parties for that purpose, by depositing a true copy of the same, enclosed in a post-paid properly addressed wrapper in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York:

Office of the U.S. Trustee
Long Island Federal Courthouse
560 Federal Plaza
Central Islip, NY 11722

Sudheer Kumar
501 Prince Lane
Westbury, NY 11580



Carol Smith

Sworn to before me this
9th day of November, 2015

/s/ Janine M. Zarrilli

Notary Public

Janine M. Zarrilli

Notary Public, State of New York

No. 01ZA5084708

Qualified in Nassau County

Commission Expires September 8, 2017